



## COMPLIANCE SERVICE CENTER (CSC) ~ COMPLAINT FORM ~

Department of Design, Construction and Land Use  
700 5<sup>th</sup> Avenue, Suite 2000  
Seattle, WA 98104-5070  
Phone: (206) 684-7899 Fax: (206) 233-7883  
Website: [www.cityofseattle.net/dclu](http://www.cityofseattle.net/dclu)

Case Number			
Assigned to	North		South
Inspector			
Received by			
Date			

<b>SITE ADDRESS</b>		Number of units, if applicable _____
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Zip Code	APN	Zoned	Map Page
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If specific address is unknown, please describe general location: \_\_\_\_\_

<b>NATURE OF COMPLAINT</b>		
<input type="checkbox"/> Open/Vacant Structure	<input type="checkbox"/> Shoreline	<b>Construction Inspection</b>
<input type="checkbox"/> Housing	<input type="checkbox"/> Parking	
<input type="checkbox"/> Illegal Unit	<input type="checkbox"/> Weeds	
<input type="checkbox"/> Junk Storage	<input type="checkbox"/> Noise/Use	
<input type="checkbox"/> Inoperable Vehicle	<input type="checkbox"/> Other Zoning _____	
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Other _____	

<b>SPECIFIC DESCRIPTION OF COMPLAINT</b>	

<b>COMPLAINANT</b>	<b>WISHES CONFIDENTIALITY?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name						
Address						
City	State		Zip Code			
Telephone Numbers	Daytime		Work		Message	
Fax Number	E-mail Address					

**COMPLAINANT IS** ☐ Tenant ☐ Owner ☐ Manager ☐ Neighbor ☐ Other

**HAVE YOU CONTACTED OWNER/MANAGER?** ☐ Yes ☐ No ☐ N/A

**COMPLAINANT REQUESTS FEEDBACK?** ☐ Yes ☐ No ☐ Before ☐ After

**IF KNOWN, PLEASE FILL IN THE FOLLOWING:**

Owner of Property \_\_\_\_\_ Owner's Telephone \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
On-Site Manager \_\_\_\_\_ Manager's Telephone \_\_\_\_\_  
On-Site Manager's Address \_\_\_\_\_